

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

STATE FILE NO.

3887

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 32

1. PLACE OF DEATH A. COUNTY <u>Greenlee</u>		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IN INSTITUTION; RESIDENCE BEFORE ADMISSION) A. STATE <u>Ariz</u> B. COUNTY <u>Greenlee</u>	
B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) <u>Morenci</u>		C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) <u>Morenci</u>	
D. FULL NAME OF HOSPITAL OR INSTITUTION <u>F.D. Hosp</u>		D. STREET ADDRESS (IF RURAL, GIVE LOCATION)	

3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) <u>Fred</u> B. (MIDDLE) <u>Garcia</u> C. (LAST) <u>Harabas</u>		4. SEX <u>M</u>	5. COLOR OR RACE <u>White</u>
6. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED		7. DATE OF BIRTH <u>Nov 26 1912</u> 8. AGE <u>38</u> 9. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). <u>Truck Driver</u>	
9. KIND OF BUSINESS OR INDUSTRY <u>Copper Mining</u>		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>Morenci</u>	
11. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) <u>No</u>	
13. SOCIAL SECURITY NO. <u>526-07-3157</u>		14. FATHER'S NAME <u>Steran Harabas</u>	
15. BIRTHPLACE (STATE OR COUNTRY) <u>Mexico</u>		16. MOTHER'S MAIDEN NAME <u>Juanita Garcia</u>	

16. INFORMANT'S SIGNATURE <u>Nicolas Gargale</u> ADDRESS <u>Box 993, Morenci, Ariz.</u>		17. DATE OF DEATH (MONTH) <u>July</u> (DAY) <u>7</u> (YEAR) <u>1951</u>	
18. CAUSE OF DEATH (ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C).) *THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHMA, ETC. IT MEANS THE DISEASE INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTRACTIONS.		MEDICAL CERTIFICATION I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) <u>Respiratory Paralysis -</u> ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. DUE TO (b) <u>Fractured Cervical Vertebrae.</u> DUE TO (c) <u>Struck Head on a Rock while Diving (Swimming).</u> II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.	
19. DATE OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
21A. ACCIDENT (SPECIFY) <u>Accident</u>		21B. PLACE OF INJURY (G. IN OR ABOUT HOME, F. M. FACTORY, STREET, OFFICE, ETC.) <u>San Francisco Co. River Clefton Ariz.</u>	
21C. (CITY OR TOWN) (COUNTY) (STATE) <u>Clefton Greenlee, Ariz.</u>		21D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY <u>7 4 51 1P M</u>	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? <u>Diving in a Swimming Hole</u>	

22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <u>7-7-51</u> TO <u>7-7-51</u> THAT I LAST SAW THE DECEASED ALIVE ON <u>7-7-51</u> AND THAT DEATH OCCURRED AT <u>1P M.</u> FROM THE CAUSES AND ON THE DATE STATED ABOVE.	
23A. SIGNATURE (DEGREE OR TITLE) <u>Clair E. Troutman M.D.</u>	23B. ADDRESS <u>Morenci, Arizona</u>
23C. DATE SIGNED <u>7-7-51</u>	

24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		24B. DATE <u>6/9/51</u>		24C. NAME OF CEMETERY OR CREMATORY <u>Fraternat Cemetery</u>		24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <u>Morenci Ariz.</u>	
25A. DATE REC'D BY LOCAL REG. <u>JUL 10 1951</u>		25B. REGISTRAR'S SIGNATURE <u>Guy Strickland</u>		25C. HEALTH DIRECTOR'S SIGNATURE <u>[Signature]</u>		25D. HEALTH DIRECTOR'S ADDRESS <u>Clefton Ariz.</u>	
25E. HEALTH DIRECTOR'S SIGNATURE <u>[Signature]</u>		25F. HEALTH DIRECTOR'S ADDRESS <u>Clefton Ariz.</u>		25G. HEALTH DIRECTOR'S SIGNATURE <u>[Signature]</u>		25H. HEALTH DIRECTOR'S ADDRESS <u>Clefton Ariz.</u>	

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